Exhibit 4

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

SOUTH WIND WOMEN'S CENTER LLC, d/b/a TRUST WOMEN OKLAHOMA CITY, on behalf of itself, its physicians and staff, and its patients; LARRY A. BURNS, D.O., on behalf of himself, his staff, and his patients; and COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC., on behalf of itself, its physicians and staff, and its patients, Plaintiffs, v. J. KEVIN STITT in his official capacity as Governor of Oklahoma; MICHAEL HUNTER in his official capacity as Attorney General of Oklahoma; DAVID PRATER in his official capacity as District Attorney for Oklahoma County; GREG MASHBURN in his official capacity as District Attorney for Cleveland County; GARY COX in his official capacity as Oklahoma Commissioner of Health; and MARK GOWER in his official capacity as Director of the Oklahoma Department of Emergency Management, Defendants.	)	No. 5:20-cv-00277-G

DECLARATION OF DR. GILLIAN SCHIVONE
IN SUPPORT OF PLAINTIFFS' MOTION FOR A TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, Gillian Schivone, declare as follows:

1. I am a board-certified obstetrician and gynecologist licensed to practice in Oklahoma, and I have been practicing in Oklahoma City, Oklahoma since 2017.

2. I obtained my undergraduate degree from Boston University. I obtained my Doctor of Medicine (M.D.) degree from the University of Minnesota at Minneapolis. I then completed my residency in obstetrics and gynecology at the University of Minnesota Medical School, followed by a fellowship in family planning at Stanford University's Department of Obstetrics and Gynecology. I also have a Master of Science degree in epidemiology and clinical research from Stanford University.

3. Trust Women Oklahoma City is a licensed abortion facility that provides medication abortion up to 10 weeks as measured from the first day of the woman's last menstrual period ("LMP") and procedural abortions through 21.6 weeks LMP. I have served as an abortion provider for Trust Women Oklahoma City since 2017. I am one of several physicians who provide abortion care there.

4. I live in Missouri and am an Assistant Professor in the Department of Obstetrics and Gynecology at Washington University School of Medicine in St. Louis and an Attending Physician at one of the teaching hospitals affiliated with the School of Medicine. To provide abortion care to patients in Oklahoma, I travel from Missouri to Oklahoma City once or twice per month. Typically, when I make that trip, I provide abortions at Trust Women Oklahoma City for two consecutive days each visit. Normally I see about forty abortion patients in those two days, but that number can vary.

5. I submit this declaration in support of Plaintiffs' motion for a temporary restraining order and a preliminary injunction, which seeks to enjoin the March 24, 2020 Fourth Amended Executive Order 2020-07 (the "Executive Order"), as revised on March 27, 2020 to apply to abortion procedures except in a medical emergency or when necessary to prevent serious health risks to the patient.

6. The facts and opinions included here are based on my education, training, practical experience, information, and personal knowledge I have obtained as an OBGYN and an abortion provider; my attendance at professional conferences; review of relevant medical literature; and conversations with other medical professionals. If called and sworn as a witness, I could and would testify competently to these matters.

7. My curriculum vitae, which sets forth my experience and credentials more fully, is attached as Exhibit 1.

The Executive Order and Threatened Enforcement

8. I understand that the Executive Order states that "Oklahomans and medical providers in Oklahoma shall postpone all elective surgeries, minor medical procedures, and non-emergency dental procedures until April 7, 2020." I further understand that the Governor of Oklahoma published a statement on March 27, 2020 indicating that "any type of abortion services as defined in 63 O.S. § 1-730(A)(1) which are not a medical emergency as defined in 63 O.S. § 1-738.1 or otherwise necessary to prevent serious health risks to the unborn child's mother are included in that Executive Order." According to the statement: "The rapid spread of COVID-19 has increased demands for hospital beds and

has created a shortage of personal protective equipment (PPE) needed to protect health care professionals and stop transmission of the virus."

9. The term PPE is sometimes used to refer to different types of protective equipment. For purposes of this declaration, I assume PPE refers to basic surgical masks, N95 respirator masks (specialized masks that are designed to block at least 95 percent of very small test particles), sterile and non-sterile gloves, disposable and reusable protective eyewear, disposable gowns, and disposable shoe covers.

10. After the Governor of Oklahoma extended the Executive Order to abortion care, I understand that Trust Women Oklahoma City ceased performing abortions. I was scheduled to provide abortion services at Trust Women Oklahoma City on April 2 and 3, but all my patients scheduled for those days have been cancelled.

Abortion Care Generally

11. Pregnancy is commonly measured from the first day of the pregnant person's last menstrual period ("LMP"). A full-term pregnancy has a duration of approximately forty weeks LMP.

12. Abortion is a common and essential form of healthcare. Nearly one in four women in the United States will obtain an abortion by age forty-five.

13. In the United States, the two main methods of abortion are medication abortion and procedural abortion.

14. Medication abortion involves a combination of two pills that the patient takes orally: mifepristone and misoprostol.[1] The patient takes the first medication in the health center and then, typically twenty-four to forty-eight hours later, takes the second medication at a location of her choosing, most often the home, after which the contents of the pregnancy are expelled in a manner similar to a miscarriage. Medication abortion is available to patients of Trust Women Oklahoma City up to 10 weeks LMP. Because medication abortion is accomplished with pills, it does not involve surgery or a medical procedure.

15. Procedural abortion is performed using gentle suction, sometimes along with instruments, to empty the patient's uterus. While occasionally referred to as "surgical abortion," procedural abortion is not what is commonly understood to be "surgery." Procedural abortion requires no incision or general anesthesia. It also is routinely done in outpatient settings and does not require a hospital visit.

16. Clinicians typically use aspiration to perform procedural abortions. Aspiration involves dilating the natural opening of the cervix using medications and/or small, expandable rods, inserting a narrow, flexible tube into the uterus through the vagina, and emptying the uterus through gentle suction. This procedure typically takes five to ten minutes.

17. Beginning at approximately 14 weeks LMP, a more complex procedure known as dilation and evacuation ("D&E") may be necessary. D&E uses additional

[1] Nat'l Acads. of Scis. Eng'g & Med., *The Safety & Quality of Abortion Care in the United States* 51 (2018).

instruments to empty the uterus. Further in the second trimester, clinicians performing a D&E may begin cervical dilation the day before the procedure.

18. Trust Women Oklahoma City offers procedural abortion up to 21 weeks 6 days LMP, which is the legal limit in Oklahoma.[2]

19. Abortion is one of the safest forms of medical care in the United States.[3] That is true for both medication and procedural abortion.[4]

20. Complications from both medication and procedural abortion are rare, and when they occur, can usually be managed in an outpatient clinic setting, either at the time of the abortion or in a follow-up visit. Major complications—defined as complications requiring hospital admission, surgery, or blood transfusion—occur in less than one- quarter of one percent (0.23%) of all abortion cases. Major complications occur only in 0.31% of medication abortion cases, and medication abortion is safer than commonly used medications such as aspirin, acetaminophen (Tylenol), and sildenafil (Viagra). With respect to procedural abortions, major complications occur only in 0.16% of cases in the

[2] Okla. Stat. Ann. tit. 63 § 1-745.5 prohibits abortion when "the probable post-fertilization age of the woman's unborn child is twenty (20) or more weeks." "Post-fertilization age" means "the age of the unborn child as calculated from the fertilization of the human ovum," *id*. § 1-745.2, which occurs approximately two weeks after the first day of a patient's last menstrual period. Twenty weeks post-fertilization is 22 weeks LMP.

[3] Nat'l Acads., *supra* note 1, at 77–78.

[4] Luu Doan Ireland et al., *Medical Compared With Surgical Abortion for Effective Pregnancy Termination in the First Trimester*, 126 Obstetrics & Gynecol. 22 (2015).

first-trimester and in 0.41% of those in the second trimester or later.[5] Abortion-related emergency room visits constitute just 0.01% of all emergency room visits in the United States.[6]

21. Patients who are unable to obtain wanted abortions will be forced to carry pregnancies to term, which carries substantially more medical risks, especially in Oklahoma. Indeed, abortion is far safer than carrying a pregnancy to term. The risk of death associated with childbirth is approximately 14 times that associated with abortion[7], and complications such as hemorrhage are much more likely to occur with childbirth. According to the Centers for Disease Control, 144 in 10,000 women who gave birth in a hospital in the United States in 2014 experienced unexpected outcomes of labor and delivery that resulted in significant short- or long-term consequences.[8] The maternal mortality rate in Oklahoma is higher than the national average.[9]

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[5] Ushma Upadhyay, et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 Obstetrics & Gynecol. 175 (2015).

[6] Ushma Upadhyay, et al., *Abortion-related Emergency Room Visits in the United States: An Analysis of a National Emergency Room Sample*, 16(1) BMC Med. 1, 1 (2018).

[7] Nat'l Acads., supra note 1 at 11, 74–75

[8] Ctrs. for Disease Control & Prevention, *Severe Maternal Morbidity in the United States*,https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html.

[9] Ctrs. for Disease Control & Prevention, *Maternal Mortality by State, 2018*, https://www.cdc.gov/nchs/maternal-mortality/MMR-2018-State-Data-508.pdf.

Importance of Abortion Access During the COVID-19 Epidemic

22. Individuals seek abortion for a multitude of complicated and personal reasons. By way of example, some patients have abortions because they conclude it is not the right time to become a parent or have additional children;[10] they desire to pursue their education or career; or they lack necessary financial resources or a sufficient level of partner or familial support or stability.[11] Other patients seek abortions because continuing with pregnancy could pose a risk to their health.[12] All these considerations may be heightened during the current COVID-19 pandemic.

23. Much is still unknown about COVID-19 when it comes to health risks, including whether it can complicate pregnancy. But pregnancy is thought to be a risk factor for persons who contract the virus. The American College of Obstetricians and Gynecologists ("ACOG") has warned that "pregnant women are known to be at greater

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[10] Indeed, a majority of women having abortions in the United States already have at least one child. Guttmacher Inst., *Induced Abortions in the United States* 1 (2018), https://www.guttmacher.org/sites/default/files/factsheet/fb_induced_abortion.pdf; *see also* Jenna Jerman, Rachel K. Jones & Tsuyoshi Onda, *Guttmacher Inst., Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008*, at 6, 7 (2016), https://www.guttmacher.org/sites/default/ files/report_pdf/characteristics-us-abortion-patients-2014.pdf.

[11] That strain is all the more apparent if one considers that the vast majority—approximately 75%—of abortion patients nationwide are poor or have low incomes. Guttmacher Inst., Induced Abortions in the United States 1, supra note 7.

[12]M. Antonia Biggs et al., *Understanding Why Women Seek Abortions in the US*, 13 BMC Women's Health 7 (2013).

risk of severe morbidity and mortality from other respiratory infections such as influenza and SARS-CoV. As such, pregnant women should be considered an at-risk population for COVID-19."[13] Moreover, the CDC has cautioned that "[p]regnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses . . . during pregnancy" and "[h]igh fevers during the first trimester of pregnancy can increase the risk of certain birth defects."[14] Concerns have also been raised that SARS-CoV-2, the virus that causes COVID-19, may be capable of transmission to the fetus during pregnancy.[15]

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[13] Am. Coll. of Obstetricians & Gynecologists, *Practice Advisory - Novel Coronavirus 2019* (COVID-19) (last updated Mar. 13, 2020), https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019; see also Ctrs. for Disease Control & Prevention, *Information for Healthcare Providers: COVID-19 and Pregnant Women* (last updated Mar. 16, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women- faq.html.

[14] Ctrs. for Disease Control & Prevention, *Information for Healthcare Providers: COVID-19 and Pregnant Women*, supra n. 16; see also Nina Martin, *What Coronavirus Means for Pregnancy, and Other Things New and Expecting Mothers Should Know*, ProPublica (Mar. 19, 2020), https://www.propublica.org/article/coronavirus-and-pregnancy-expecting-mothers-q-and-a (quoting statement that "[[t]here may be a higher risk of miscarriage and premature delivery" by an OB-GYN on the CDC's COVID-19 emergency response team)

[15] Dong et al., *Possible Vertical Transmission of SARS-CoV-2 From an Infected Mother to Her Newborn,* JAMA Network (Mar. 26, 2020), https://jamanetwork.com/journals/jama/fullarticle/2763853; Zang, Hui et al., *Antibodies in Infants Born to Mothers With COVID-19 Pneumonia,* JAMA Network (Mar. 26, 2020), https://jamanetwork.com/journals/jama/fullarticle/2763854; Apoorva Mandavilli, *Shielding the Fetus from the Coronavirus*, N. Y. Times (Mar. 27, 2020), https://www.nytimes.com/2020/03/27/health/shielding-the-fetus-from-the-coronavirus.html.

24. Patients' ability to access abortion care is critical during the COVID-19 epidemic. As ACOG and other leading medical organizations[16] have explained in response to the COVID-19 pandemic, abortion "is an essential component of comprehensive health care" and "a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible,"[17] and "[t]he consequences of being unable to obtain an abortion profoundly impact a person's life, health, and well-being."[18] Accordingly, abortion care should not be delayed or cancelled during the COVID-19 pandemic.[19]

25. The American Medical Association, American Nurses Association, and American Hospital Association issued a similar statement that, while the public should obey recommendations to stay home "as we reach the critical stages of our national

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[16] The medical organizations issuing this joint guidance were ACOG, the American Board of Obstetrics & Gynecology, the American Association of Gynecologic Laparoscopists, the American Gynecological & Obstetrical Society, the American Society for Reproductive Medicine, the Society for Academic Specialists in General Obstetrics and Gynecology, the Society of Family Planning, and the Society for Maternal-Fetal Medicine.

[17] ACOG et al., *Joint Statement on Abortion Access During the COVID-19 Outbreak* (Mar. 18, 2020), https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion- access-during-the-covid-19-outbreak; *see also,* ACOG, COVID-19 FAQs for Obstetrician Gynecologists, Gynecology (Mar. 30, 2020), https://www.acog.org/en/Clinical%20Information/Physician%20FAQs/COVID19%20FAQs%20for%20Ob%20Gyns%20Gynecology.

[18] *Id.*

[19] *Id.*

response to COVID-19," those patients "with urgent medical needs, including pregnant women, should seek care as needed."[20]

Harms Caused by Delaying or Preventing Abortion Access

26. As a physician, I am very concerned about the harms to patients that will result if abortion access is delayed or prevented as a result of Oklahoma's decision to apply the Executive Order to abortion care.

27. Patients already face numerous obstacles that can delay abortion access. The Executive Order mandates delays that are categorically different, precluding abortions at least through April 7, 2020 and perhaps even longer. Delays in patients' ability to access abortion inflict numerous harms.

28. Abortion is very safe, but the health risks do increase as pregnancy progresses. Delaying access to abortion unnecessarily exposes patients to increased health risks.[21]

29. Delaying access to abortion care also increases the risk that patients may contract COVID-19 while they are still pregnant. Because pregnancy is thought to be a risk factor for the disease, patients who are forced to remain pregnant for longer are at greater risk of adverse health outcomes should they become infected.

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[20] Am. Med. Ass'n, Am. Hosp. Ass'n, and Am. Nursing Ass'n, AMA, AHA, ANA: *#StayHome to confront COVID-19* (Mar. 24, 2020), https://www.ama-assn.org/press-center/press-releases/ama-aha-ana-stayhome-confront-covid-19.

[21] Nat'l Acads., supra note 1, at 77–78, 162–63.

30. Being denied a wanted abortion can have adverse consequences for a patient's physical and mental health.[22] This may be especially true in the case of patients who are pregnant as a result of rape or incest, who are in violent or abusive relationships, or who have received a diagnosis of a fetal anomaly.

31. Patients who are delayed beyond 10 weeks LMP will have more limited medical options because medication abortion is not available at Trust Women Oklahoma City beyond that point. I routinely see patients for whom a delay of even a week or two would push them beyond the point when I can provide them medication abortion. Medication abortion is more medically advisable for some patients who have conditions that are contraindicated for procedural abortion. In addition, some patients—for example, patients who are survivors of sexual abuse—may prefer medication abortion over a procedure that requires inserting tubing or instruments into the vagina. Others may prefer the convenience and privacy of completing a medication abortion at home or the place of her choosing.

32. Patients who are delayed beyond approximately 14 weeks LMP may also have more limited medical options because not all abortion providers are trained to perform D&E procedures. Even for patients who can locate a trained provider, if their

[22] Biggs, M.A. et al. (2017). *Women's Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study*, JAMA Psychiatry, 74(2):169-178; Jerman, J. et al. (2017); *Barriers to Abortion Care and Their Consequences for Patients Traveling for Services: Qualitative Findings from Two States*, Perspectives on Sexual and Reproductive Health, 49(2):95-102, 98; Elizabeth G. Raymond and David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstetrics & Gynecology 215, 216 (2012).

pregnancy has progressed into the second trimester, the only option for patients may be a more complex D&E procedure, which for some patients will require two days of clinical care instead of one.

33. Some patients also may be delayed beyond the legal limit in Oklahoma of 21 weeks, 6 days LMP. When providing clinical care in Oklahoma, I typically see at least one patient per visit for whom a delay of a week or two would push them beyond the legal limit. These patients will have no option other than to continue their pregnancies to term. As discussed above, childbirth carries significantly more health risks than abortion care.

34. Based upon my experience as an abortion provider in multiple states, I am also very confident and concerned that some patients in Oklahoma will risk travel to other states to obtain abortion care. Long-distance travel during the COVID-19 pandemic carries significant health risks because patients may be exposed to the virus at numerous points along the way. That presents risk to the patient as well as members of her family and community in Oklahoma who may be exposed to the virus when that patient returns home.

Abortion Care and PPE

35. I have provided medical care throughout my career in both hospital and outpatient clinic settings. Based upon my professional experience, I can confidently say that abortion care uses minimal amounts of PPE, and the amount of PPE used at Trust Women Oklahoma City is very small compared to what is required by hospitals.

36. In my professional opinion, the benefits, if any, from conserving the small amount of PPE used to care for patients at Trust Women Oklahoma City is far outweighed

by the burdens and harms to patients who may be forced to delay or forgo abortion as a result of Oklahoma's Executive Order.

37. Moreover, if Oklahoma's actions prevent a patient from accessing abortion, the only option for that patient will be to continue the pregnancy. Forcing patients to continue their pregnancies is likely to increase the burdens on the already taxed healthcare system, rather than conserve hospital resources. Pregnant individuals have ongoing healthcare needs that require repeated contacts with the healthcare system, including prenatal visits, pregnancy-related screenings and tests (including repeat ultrasounds and blood tests at minimum). Patients forced to carry a pregnancy to term will have even greater healthcare needs, including hospital stays for childbirth, and further intensive healthcare will be needed for patients who develop gestational diabetes, preeclampsia, or other pregnancy-related conditions.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: March 31, 2020

MD

Gillian Schivone, M.D.

Exhibit 1

Gillian B Schivone, MD, MS, FACOG
gschivone@wustl.edu

Citizenship: USA

Address and Telephone Numbers:

Office: Department of Obstetrics and Gynecology
Washington University School of Medicine
Mailstop: 8064-37-1005
St. Louis, MO 63108
Phone: 314-273-1583
Fax: 314-747-6722

Present Position: Assistant Professor
Department of Obstetrics and Gynecology
Washington University School of Medicine
St Louis, Missouri

Education:

Undergraduate:	2001 - 2005	B.A.	Boston University (Psychology) Boston, Massachusetts
Graduate:	2007 - 2011	M.D.	University of Minnesota Minneapolis, Minnesota
	2015 - 2017	M.S.	Stanford University (Epidemiology and Clinical Research) Stanford, California
Postgraduate:	2011 - 2015		Residency in Obstetrics and Gynecology University of Minnesota Medical School Minneapolis, Minnesota
	2015 - 2017		Fellowship in Family Planning Department of Obstetrics and Gynecology Stanford University Stanford, California

Academic Positions/Employment:

2015 – 2017	Clinical Instructor Department of Obstetrics and Gynecology

	Stanford University School of Medicine Stanford, California
2015 – 2017	Clinical Fellow Division of Family Planning Department of Obstetrics and Gynecology Stanford University School of Medicine Stanford, California
2017 – Present	Assistant Professor Department of Obstetrics and Gynecology Washington University School of Medicine Saint Louis, Missouri

University and Hospital Appointments and Committees:

University and Hospital Appointments:

2015 – 2017	Staff Physician Stanford University Hospital Stanford, California
2017 – Present	Attending Physician Barnes-Jewish Hospital St Louis, Missouri
2018 – Present	Director, Ryan Residency Training Program WUSM
2019 – Present	Assistant Program Director Family Planning Fellowship WUSM
2018 – 2019	Director, Ryan Residency Training Program University of Oklahoma

University and Hospital Committees:

2018 – Present	Bereavement Committee member Barnes Jewish Hospital
2018 – Present	ACGME Self Study Committee for OBGYN Residency, WUSM
2019 – Present	Clinical Curriculum Committee WUSM
2019 – Present	Program Evaluation Committee for OBGYN Residency, WUSM

Curriculum Vitae
Gillian Schivone, M.D., M.S., FACOG Updated 03/2020

Medical Licensure and Board Certification:

Licensure:	2015 – Present	Medical License, State of California
	2017 – Present	Medical License, State of Missouri
	2017 – Present	Medical License, State of Oklahoma
	2018 – Present	Medical License, State of Illinois
Board Certification:	2018 – Present	American Board of Obstetrics and Gynecology – General Obstetrics and Gynecology Diplomate

Honors and Awards:

2008	Academic Honors – 1st year Medical School University of Minnesota Medical School
2016 – 2017	Leadership Training Academy Graduate Physicians for Reproductive Health
2019	Teaching Scholars Program Graduate WUSM

Editorial Responsibilities:

2017 – Present	Reviewer, Contraception
2018 – Present	Reviewer, Contraception and Reproductive Medicine
2018 – Present	Reviewer, American Journal of Preventive Medicine

Professional Societies and Organizations:

2011 – Present	American Congress of Obstetricians and Gynecologists (Fellow)
2015 – Present	Society of Family Planning (Junior Fellow)
2015 – Present	National Abortion Federation (Member)
2015 – Present	Physicians for Reproductive Health (Member)

Major Invited Lectureships:

Regional and Local:

April 2017	Contraceptive Innovation. Grand Rounds, Department of Obstetrics and Gynecology, Stanford University, Stanford, California
January 2018	Contraceptive Innovation. Grand Rounds, Department of Obstetrics and Gynecology, Washington University School of Medicine St. Louis, Missouri

October 2018	Contraceptive Counseling for Women with Cardiac Disease. Barnes Jewish Hospital CME event "Maternal Cardiology Treatment Options and Trends"
June 2019	Postpartum IUD Training with local Physicians and CNMs in Carbondale, IL BJC Women and Infants Physician Outreach Program
October 2019	The History and Epidemiology of Abortion. Didactic teaching, Oklahoma State University OB/GYN Residency Program
April 2020	First and Second Trimester Abortion. Grand Rounds, Department of Obstetrics and Gynecology, Oklahoma State University, Tulsa, Oklahoma

Research:

Completed Support: Society of Family Planning Research Grant
Role: Principal Investigator
Self-administered lidocaine gel for pain control during cervical preparation for dilation and evacuation
10/2016 – 06/2017

Bibliography:

1. Schivone GB, Blumenthal, PD. Contraception in the developing world – special considerations. Semin Reprod Med 2016; 34:1-8. PMID:26556690.

2. Schivone G, Dorflinger L, Halpern V. Injectable contraception: updates and innovation. Curr Opin Obstet Gynecol 2016; 28(6):504-509. PMID:27787287.

3. Schivone GB, Glish, LL. Contraceptive counseling for continuation and satisfaction. Curr Opin Obstet Gynecol 2017; 29(6):443-448. PMID:28938374.

4. Schivone GB, Lerma K, Montgomery C, et al. Self-administered lidocaine gel for local anesthesia prior to osmotic dilator placement: a randomized trial. Contraception 2019; 99(3): 148-151. PMID: 30500336.

Abstracts:

1. Self-administered lidocaine gel for pain control prior to osmotic dilator insertion: A randomized controlled trial. 2018 National Abortion Federation Annual Meeting. Seattle, WA. April 2018.

2. Self-administered lidocaine gel for pain control prior to osmotic dilator insertion: A randomized trial. 2018 FIGO World Congress of Gynecology and Obstetrics. Rio de Janeiro, Brazil. October 2018.

Other Educational Activities:

2013 – 2014	ACOG Congressional Leadership Conference
2015 – 2017	Medical Student OB/GYN clerkship lectures on Contraception and Abortion Stanford University School of Medicine
2015 – 2017	Didactic lectures on Abortion for Physician Assistant Students Stanford University School of Medicine
2015 – 2017	Volunteer Faculty Preceptor and Mentor for Medical Students Stanford University School of Medicine Arbor Free Clinic, Women's Clinic Stanford University School of Medicine
2016 – 2017	Clinical Teaching Seminar Series participant Stanford University School of Medicine
2016	Contributor to ACOG Core Cases in OB/GYN for Residents, Contraception case
2016	Contraception lecture for Department of Endocrinology Clinicians and Trainees Stanford University School of Medicine
2016	Developed, presented, and recorded lecture on Contraception and the Adolescent Transplant Patient for the Department of Pediatrics online curriculum Stanford University School of Medicine
2016	Presented lecture on Postplacental IUD insertion and participated in postpartum IUD training for clinicians with Population Services International/OHMASS in Port-au-Prince, Haiti

2016	Presented lecture on Infection Prevention to clinicians attending Asia Regional Quality Assurance Meeting for Population Services International in Bangkok, Thailand
2017	Examiner for OB/GYN resident mock oral board exams Stanford University School of Medicine
2017	Abortion Policy lecture for undergraduate class, Current Topics and Controversies in Women's Health Stanford University
2017 – Present	Preclinical medical student and OB/GYN clerkship lectures on Contraception and Abortion WUSM
2018 – Present	Didactic lectures on Abortion, Early Pregnancy Loss, and Sterilization for OB/GYN Resident trainees WUSM
2018 – Present	Small-group preceptor for WUSM III OB/GYN clerkship
2018 – Present	Course director for Special Topics in Reproductive Health at WUSM
2018 – Present	Values clarification with OB/GYN Intern class during orientation WUSM
2018 – Present	Didactic lectures for Family Planning fellows including: Facilitating a values clarification, Cervical preparation for Dilation and Evacuation, and Cardiac Disease and Contraception WUSM
2018	Didactic lecture and journal club on Mifepristone for OBGYN residents University of Oklahoma
2019	Teaching Scholars Program Graduate WUSM
2019	Faculty Advisor, 4th year Reading Elective for Mark Valentine, MD WUSM

2019 – Present	Course Director, Family Planning Sub-Internship Elective for medical students WUSM
2019	Didactic lecture on STI screening, amenorrhea, and contraceptive counseling for Internal Medicine Intern Didactics WUSM
2019	Facilitator and Faculty Mentor, Team Based-Learning for OB/GYN with pre-clinical medical students WUSM